

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47401

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** TRUTH TABERNACLE OF APOPKA, INC.

**Current Principal Place of Business:**

8125 GILLIAM RD  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

8125 GILLIAM RD  
APOPKA, FL 32703 US

**New Mailing Address:**

**FEI Number:** 59-2470446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROWLEY, JOE A  
7220 JUNE BUG LANE  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROWLEY, JOE A  
Address: 7220 JUNE BUG LANE  
City-St-Zip: ORLANDO, FL 32818

Title: VPD  
Name: BASS, THOMAS W  
Address: 3205 NE 49TH ST.  
City-St-Zip: OCALA, FL 34479

Title: D  
Name: ROWELL, SAMUEL  
Address: 5124 TIMBER RIDGE TR.  
City-St-Zip: OCOEE, FL 34761

Title: D  
Name: WHITED, DANIEL  
Address: 6150 ALLEN ST.  
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOE A ROWLEY

PD

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date